
	DRMATION REQUEST W INSTRUCTIONS (front and back) CAREF	ULLY						
A. NA	ME & PHONE OF CONTACT	FILI	NG OFFICE ACCT #					
B. RE	TURN TO: (Name and Address)							,
			·	7				
		* .			•			
						SPACE IS FOR FILING	OFFICE USE C	ONLY
	BTOR NAME to be searched - insert only one ORGANIZATION'S NAME	debtor name (1a	a or 1b) - do not abbrev	iate or combine	names			
OR								
1b.	. INDIVIDUAL'S LAST NAME		FIRST NAMI	E		MIDDLE NAME		SUFFIX
2. INF	FORMATION OPTIONS relating to UCC fili	ngs and other i	notices on file in the I	Filing Office th	at include as a	Debtor name, the name	identified in Iter	n 1:
	SEARCH RESPONSE		IFIED (Optional)					•
Sel	ect one of the following: ALL (C	heck this bo	x to request a res	ponse that i	ncludes filing	s that have lapsed.)	UNL	APSED
2b.	COPY REQUEST	CERT	TIFIED (Optional)		 			
Sel	lect one of the following:	_	UNLAPS!	=D				
	oct one to lowing.	-	ONLANGE					
2c.	C. SPECIFIED COPIES ONLY CERTIFIED (Optional) Check here if you would like all associated filings and notices with the Record Number(s) listed below on file in the Filing Office.							
	Record Number	Date Rec	ord Filed (if required	Type of R	ecord and Ad	ditional Identifying Inf	ormation (if requ	uired)
				-				
		<u> </u>		. 				
	DITIONAL SERVICES							
3a.	COPIES FOR SPECIFIED TIME PE include the Debtor's name indicate		- Please furnish exa	ct copies of a	II financing sta	tements, related record	ls and other noti	ices that
	Records filed after			and prior	r to			
	OR Records filed after			to preser	nt date			
3b.	COPIES FOR SPECIFIED ADDRES	SS ONLY - Ple	ease furnish exact c	opies of all fin	nancing statem	ents, related records a	nd other notices	that include
	the Debtor's name indicated in iter	m 1 and show	as that Debtor's add	ress, the addr	ress indicated	here:		anat morado
	Name of Town or City:	-						
3c.	EXPEDITED SERVICE 24	hour or	Immediate					
4. DE	ELIVERY INSTRUCTIONS (request will be	completed and	mailed to the addres	s shown in iten	n B <u>unless</u> oth	erwise instructed here):		
4a.	Pick Up. Contact Name and Telepho	one Number: _	1					
4b.	Fax. 15 pages or less (over 15 page					pro-		
4c.	After the records are faxed,			·	ш.	ш		
	Fed Ex. Please provide completed	Airbill with retu	rn delivery instruction	s. Your comp	oleted airbill mu	st contain your Fed Ex	account number	
FILIN	G OFFICE COPY (1) — NATIONAL INFO	RMATION R	EQUEST (FORM U	ICC11) (REV	. 05/09/01) Fo	or Use in the State of	Maine.	